

**PRODUCER APPOINTMENT  
(AUTHORITY TO ACT UNDER COMPANY LICENSE)**

To: **IDAHO DEPARTMENT OF INSURANCE**  
**700 W STATE ST FL 3**  
**PO BOX 83720**  
**BOISE ID 83720-0043**

Notice is hereby given that \_\_\_\_\_  
Name of Producer

Agent's **Idaho** license #: \_\_\_\_\_ **RESIDENT STATE:** \_\_\_\_\_

Lines of Authority: \_\_\_\_\_ is to be added to our license as an individual/business entity authorized to act under the company license.

Name of Company: \_\_\_\_\_

**Idaho** COA # \_\_\_\_\_ **RESIDENT STATE** \_\_\_\_\_

NAIC # \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Date

**NOTE:**

1. This request must be signed by an officer of the company.
2. Submit this form in duplicate and include a postage paid envelope if paper confirmation of appointment is desired. Otherwise, check website.
3. Show company and producer names and license numbers exactly as they appear on Idaho license.
4. The Department will accept up to 25 paper submissions. Submit all others via NIPR.
5. Appointments can only be backdated up to 30 days but cannot pre-date license issue date.

**NO FEE REQUIRED**